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**FACSIMILE COVER**

Date:	May 31, 2006		
To:	United States Patent and Trademark Office	Fax Telephone #:	571-273-8300
		Office Telephone #:	
From:	David S. Park	Date Sent:	
Subject:	10/752,263	Time Sent:	
Client/File:	M-15239-1P US	Fax Operator:	

This transmittal consists of 12 total page(s), including this cover sheet.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William R. Rassman; Jae Pak  
 Assignee: William R. Rassman  
 Title: Method and Apparatus For Transplanting a Hair Graft  
 Serial No.: 10/752,263 Filing Date: January 5, 2004  
 Examiner: Victor X. Nguyen Group Art Unit: 3731  
 Docket No.: M-15239-1P US Confirmation No.: 4042

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Commissioner for Patents  
 P.O. Box 1405  
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**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following Transmittal Letter (1 page) and Supplemental Request for Continued Examination (RCE) Submission Responding to Advisory Action (9 pages) are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: May 31, 2006

  
Tina Kavanaugh

MacPherson Kwok Chen & Heid LLP  
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May 31, 2006

Commissioner For Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Re:      Applicant(s): William Rassman; Jac Pak  
 Title:      Method and Apparatus for Transplanting a Hair Graft  
 Serial No.: 10/752,263      Filed: January 5, 2004  
 Examiner: Nguyen, Vi X.      Group Art Unit: 3731  
 Docket No.: M-15239-1P US      Confirmation No. 4042

Dear Sir:

Transmitted herewith are the following documents in the above-identified application:

- (1) Facsimile Cover Sheet;
- (2) This Transmittal Letter; (1 page)
- (3) Supplemental Request for Continued Examination (RCE) Submission Responding to Advisory Action (9 pages)



No additional fee is required.



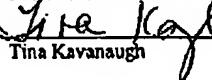
The fee has been calculated as shown below:

### CLAIMS AS AMENDED

	Claims Remaining <u>After</u> <u>Amendment</u>	Highest No. <u>Previously Paid</u> <u>For</u>	Present <u>Extra</u>	Rate	Additional Fee
Total Claims	25	Minus	29	= 0 X \$25.00	\$ 0
Independent Claims	4	Minus	5	= 0 X \$100.00	\$ 0
<input type="checkbox"/> Fee of _____ for the first filing of one or more multiple dependent claims per application				\$	
<b>Total additional fee for this Amendment:</b>				\$	0
<input checked="" type="checkbox"/> Conditional Petition for Extension of Time: If an extension of time is required for timely filing of the enclosed document(s) after all papers filed with this transmittal have been considered, an extension of time is hereby requested.					
<input type="checkbox"/> Please charge our Deposit Account No. 50-2257 in the amount of				\$	0
<input checked="" type="checkbox"/> Also, charge any additional fees required and credit any overpayment to our Deposit Account No. 50-2257					
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### Certificate of Transmission

I hereby certify that this correspondence is facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450, at 571/273-8300 on the date shown below.

  
 Tina Kavanaugh

May 31, 2006

Respectfully submitted,



David S. Park  
 Attorney for Applicants  
 Reg. No. 52,094